

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

20 F STREET, NW

SUITE 310 C

☐ Check if different than previously reported. (ACC)

WASHINGTON

DC

20001-6704

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00325936

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer DR. DOUGLAS J. MATHISEN

Signature of Treasurer

DR. DOUGLAS J. MATHISEN

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		87332.49
(b) Cash on Hand at Beginning of Reporting Period.....	87332.49	
(c) Total Receipts (from Line 19)	43257.00	43257.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	130589.49	130589.49
7. Total Disbursements (from Line 31)	10131.89	10131.89
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	120457.60	120457.60
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 01 / 01 / 2016

To:

 M M / D D / Y Y Y Y Y
 01 / 31 / 2016
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

39785.00

39785.00

(ii) Unitemized

3472.00

3472.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

43257.00

43257.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

43257.00

43257.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

43257.00

43257.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

43257.00

43257.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1131.89	1131.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1131.89	1131.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9000.00	9000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10131.89	10131.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10131.89	10131.89

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	43257.00	43257.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	43257.00	43257.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	1131.89	1131.89
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	1131.89	1131.89

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 29
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. KEVIN D. ACCOLA

Mailing Address 5143 CRANES POINT

City State Zip Code
 ORLANDO FL 32839

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CV SURGEONS, PA

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 25 / 2016

Transaction ID : SA11AI.6633

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DR. MICHAEL BANBURY

Mailing Address P.O. BOX 249

City State Zip Code
 ROCKLAND DE 19732

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CHRISTIANA CARE HEALTH SYSTEM

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

01 / 26 / 2016

Transaction ID : SA11AI.6752

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. DR. JOSEPH E. BAVARIA

Mailing Address 3400 SPRUCE STREET

City State Zip Code
 PHILADELPHIA PA 19104

FEC ID number of contributing
federal political committee.

C

Name of Employer
 UNIVERSITY OF PENNSYLVANIA

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 25 / 2016

Transaction ID : SA11AI.6707

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 29

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. THOMAS M. BEAVER

Mailing Address 11452 27TH AVENUE

City

GAINESVILLE

State

FL

Zip Code

32608

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF FLORIDA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	6

Transaction ID : SA11AI.6708

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. DR. SHANDA H. BLACKMON

Mailing Address 2498 HAWK HILL LANE SOUTHWEST

City

ROCHESTER

State

MN

Zip Code

55902

FEC ID number of contributing
federal political committee.

C

Name of Employer

MAYO CLINIC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	6

Transaction ID : SA11AI.6669

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR. JOHN H. CALHOON

Mailing Address 24 ARNOLD PALMER

City

SAN ANTONIO

State

TX

Zip Code

78229

FEC ID number of contributing
federal political committee.

C

Name of Employer

UT HEALTH SCIENCE CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	6

Transaction ID : SA11AI.6673

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1865.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 29
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. ANDREA J. CARPENTER

Mailing Address 29030 CLOUD CROFT LANE

City State Zip Code
 FAIR OAKS RANCH TX 78015

FEC ID number of contributing
federal political committee.

C

Name of Employer
 UT HEALTH SCIENCE CENTER

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 25 / 2016

Transaction ID : SA11AI.6637

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR. AARON M. CHENG

Mailing Address 2618 WEST NEWTON STREET

City State Zip Code
 SEATTLE WA 98199

FEC ID number of contributing
federal political committee.

C

Name of Employer
 UNIVERSITY OF WASHINGTON

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 25 / 2016

Transaction ID : SA11AI.6709

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. DR. JOSEPH C. CLEVELAND

Mailing Address 9176 EAST WESLEY AVENUE

City State Zip Code
 DENVER CO 80231

FEC ID number of contributing
federal political committee.

C

Name of Employer
 UNIVERSITY OF COLORADO

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 25 / 2016

Transaction ID : SA11AI.6640

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3365.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 9 OF 29
 (check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. ROBBIN G. COHEN

Mailing Address 296 WEST ORANGE GROVE AVENUE

City	State	Zip Code
ARCADIA	CA	91006

FEC ID number of contributing federal political committee.

C

Name of Employer

USC SCHOOL OF MEDICINE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	25	/	2016

Transaction ID : SA11AI.6641

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DR. JOSEPH A. DEARANI

Mailing Address 4424 ETENMOOR LANE SOUTHWEST

City	State	Zip Code
ROCHESTER	MN	55902

FEC ID number of contributing federal political committee.

C

Name of Employer

MAYO CLINIC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	25	/	2016

Transaction ID : SA11AI.6642

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DR. J. MICHAEL DIMAIO

Mailing Address 6125 LUTHER LANE

City	State	Zip Code
DALLAS	TX	75225

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	25	/	2016

Transaction ID : SA11AI.6643

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

2500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 29
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. FRED H. EDWARDS

Mailing Address 4646 CARLTON DUNES DRIVE

City State Zip Code
 AMELIA FL 32034

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 25 / 2016

Transaction ID : SA11AI.6710

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR. RICHARD K. FREEMAN

Mailing Address 11685 BRADFORD PLACE

City State Zip Code
 CARMEL IN 46033

FEC ID number of contributing
federal political committee.

C

Name of Employer

ST. VINCENT MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 25 / 2016

Transaction ID : SA11AI.6644

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR. DAVID A. FULLERTON

Mailing Address 375 LAFAYETTE STREET

City State Zip Code
 DENVER CO 80045

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF COLORADO

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 24 / 2016

Transaction ID : SA11AI.6677

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 29
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. FREDERICK L. GROVER

Mailing Address 3000 EAST CEDAR AVENUE

City State Zip Code
DENVER CO 80209

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF COLORADO

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 25 / 2016

Transaction ID : SA11AI.6647

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DR. T. SLOANE GUY

Mailing Address 450 EAST 63RD STREET

City State Zip Code
NEW YORK NY 10021

FEC ID number of contributing
federal political committee.

C

Name of Employer
CORNELL MEDICINE

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 25 / 2016

Transaction ID : SA11AI.6714

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR. ROBERT A. GUYTON

Mailing Address 3342 PACES FERRY AVENUE

City State Zip Code
ATLANTA GA 30339

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMORY HEALTHCARE

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 25 / 2016

Transaction ID : SA11AI.6715

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 29
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. JOHN W. HAMMON

Mailing Address 1001 DALTON ROAD

City State Zip Code
 LEWISVILLE NC 27023

FEC ID number of contributing
federal political committee.

C

Name of Employer

WAKE FOREST UNIVERSITY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 25 / 2016

Transaction ID : SA11AI.6648

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR. JOHN R. HANDY

Mailing Address 4805 NORTHEAST GLISAN STREET

City State Zip Code
 PORTLAND OR 97213

FEC ID number of contributing
federal political committee.

C

Name of Employer

PROVIDENCE CANCER CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 25 / 2016

Transaction ID : SA11AI.6716

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DR. JOHN L. HARLAN

Mailing Address 2871 ACTON ROAD

City State Zip Code
 BIRMINGHAM AL 35243

FEC ID number of contributing
federal political committee.

C

Name of Employer

CT SURGEONS, PC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 25 / 2016

Transaction ID : SA11AI.6717

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 29

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. ROBERT HIGGINS

Mailing Address 1030 PONTIAC ROAD

City	State	Zip Code
WILMETTE	IL	60091

FEC ID number of contributing federal political committee.

C

Name of Employer

JOHNS HOPKINS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 26 / 2016

Transaction ID : SA11AI.6757

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. DR. ANTHONY HOLDEN

Mailing Address 311 NORTH MCLEAN BOULEVARD

City	State	Zip Code
MEMPHIS	TN	38112

FEC ID number of contributing federal political committee.

C

Name of Employer

METHODIST HEALTHCARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 25 / 2016

Transaction ID : SA11AI.6718

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR. KEITH A. HORVATH

Mailing Address 4839 WESTERN AVENUE

City	State	Zip Code
WASHINGTON	DC	20016

FEC ID number of contributing federal political committee.

C

Name of Employer

JOHNS HOPKINS PHYSICIANS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 25 / 2016

Transaction ID : SA11AI.6649

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1615.00

X	11a		11b		11c		12		
	13		14		15		16		17

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

[illegible]

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 29

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. STEPHEN J. LAHEY

Mailing Address 22 BUTTONWOOD LANE

City
IPSWICHState
MAZip Code
01938FEC ID number of contributing
federal political committee.

C

Name of Employer

UCONN HEALTH CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	6

Transaction ID : SA11AI.6652

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. DR. RAJ B. LAL

Mailing Address 2809 MEYERS ROAD

City

OAK BROOK

State

IL

Zip Code

60523

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	6

Transaction ID : SA11AI.6725

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR. RICHARD LEE

Mailing Address 48 PICARDY

City

LADUE

State

MO

Zip Code

63124

FEC ID number of contributing
federal political committee.

C

Name of Employer

ST. LOUIS UNIVERSITY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	6

Transaction ID : SA11AI.6653

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1615.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 29
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. THOMAS E. MACGILLIVRAY

Mailing Address 112 MOUNT VERNON STREET

City	State	Zip Code
BOSTON	MA	02108

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS GENERAL HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	24	/	2016

Transaction ID : SA11AI.6681

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DR. MITCHELL J. MAGEE

Mailing Address 6457 NORWAY ROAD

City	State	Zip Code
DALLAS	TX	75230

FEC ID number of contributing
federal political committee.

C

Name of Employer

HEALTH CORPORATION OF AMERICA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	25	/	2016

Transaction ID : SA11AI.6654

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR. JAMES R. MARTIN

Mailing Address 847 WHITTIER

City	State	Zip Code
GROSSE POINTE PARK	MI	48230

FEC ID number of contributing
federal political committee.

C

Name of Employer

CENTER FOR CV&T SURGERY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	24	/	2016

Transaction ID : SA11AI.6682

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 29

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. DOUGLAS J. MATHISEN

Mailing Address 60 PINE STREET

City
DOVERState
MAZip Code
02030FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS GENERAL HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	6

Transaction ID : SA11AI.6655

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DR. THOMAS L. MATTHEW

Mailing Address 7105 QUIET RETREAT COURT

City
NIWOTState
COZip Code
80503FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF COLORADO HEALTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	6

Transaction ID : SA11AI.6656

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR. JOHN E. MAYER

Mailing Address 44 SKYLINE DRIVE

City
WELLESLEYState
MAZip Code
02482FEC ID number of contributing
federal political committee.

C

Name of Employer

CHMC CV SURGICAL FOUNDATION

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	6

Transaction ID : SA11AI.6657

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. RITA MILEWSKI

Mailing Address 130 SOUTH 18TH STREET

City

PHILADELPHIA

State

PA

Zip Code

19103

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF PENNSYLVANIA

Occupation

PHYSICIAN

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2016

Transaction ID : SA11AI.6763

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR. J. SCOTT MILLIKAN

Mailing Address 3319 ALPINE DRIVE

City

BILLINGS

State

MT

Zip Code

59102

FEC ID number of contributing
federal political committee.

C

Name of Employer

BILLINGS CLINIC

Occupation

PHYSICIAN

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2016

Transaction ID : SA11AI.6658

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR. KEITH S. NAUNHEIM

Mailing Address 52 MIDDLESEX DRIVE

City

ST. LOUIS

State

MO

Zip Code

63144

FEC ID number of contributing
federal political committee.

C

Name of Employer

ST. LOUIS UNIVERSITY

Occupation

PHYSICIAN

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 01 / 24 / 2016

Transaction ID : SA11AI.6684

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 29

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. FRANCIS C. NICHOLS

Mailing Address 1034 WEATHERHILL LANE SOUTHWEST

City	State	Zip Code
ROCHESTER	MN	55902

FEC ID number of contributing
federal political committee.

C

Name of Employer

MAYO CLINIC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	25	/	2016

Transaction ID : SA11AI.6660

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. DR. JAMES E. O'BRIEN

Mailing Address 11732 HIGH DRIVE

City	State	Zip Code
LEAWOOD	KS	66211

FEC ID number of contributing
federal political committee.

C

Name of Employer

CHILDREN'S MERCY HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	15	/	2016

Transaction ID : SA11AI.6627

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR. G. ALEXANDER PATTERSON

Mailing Address 18 SOUTHMOOR DRIVE

City	State	Zip Code
CLAYTON	MO	63105

FEC ID number of contributing
federal political committee.

C

Name of Employer

WASHINGTON UNIVERSITY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	24	/	2016

Transaction ID : SA11AI.6685

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 20 OF 29
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. ROMAN PETROV

Mailing Address 5504 13TH AVENUE

City	State	Zip Code
VIENNA	WV	26105

FEC ID number of contributing
federal political committee.

C

Name of Employer
MARIETTA MEMORIALOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	25	/	2016

Transaction ID : SA11AI.6729

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR. RICHARD L. PRAGER

Mailing Address 3301 TIMBERWOOD LANE

City	State	Zip Code
ANN ARBOR	MI	48103

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF MICHIGANOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	24	/	2016

Transaction ID : SA11AI.6686

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DR. JAMES M. REINERSMAN

Mailing Address 708 NEWPORT BRIDGE DRIVE

City	State	Zip Code
EDMOND	OK	73034

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF OKLAHOMAOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	26	/	2016

Transaction ID : SA11AI.6698

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1865.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 29
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. JEFFREY B. RICH

Mailing Address 1055 LASKIN ROAD

City	State	Zip Code
VIRGINIA BEACH	VA	23451

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	25	/	2016

Transaction ID : SA11AI.6733

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DR. PAUL ROBISON

Mailing Address 138 WHISPERING WILLOW COURT

City	State	Zip Code
CAPE GIRARDEAU	MO	63701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOUTHEAST HEALTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	25	/	2016

Transaction ID : SA11AI.6734

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR. THOMAS SCHWANN

Mailing Address 4627 BROOKSIDE ROAD

City	State	Zip Code
OTTAWA HILLS	OH	43165

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF TOLEDO

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	26	/	2016

Transaction ID : SA11AI.6767

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. WALTER J. SCOTT

Mailing Address 1464 HUNTER ROAD

 City State Zip Code
 JENKINTOWN PA 19046

FEC ID number of contributing federal political committee.

C

 Name of Employer
 FOX CHASE CANCER CENTER

 Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2016

Transaction ID : SA11AI.6700

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. WILLIAM F. SEWARD

Mailing Address 2312 FORESTVIEW ROAD

 City State Zip Code
 EVANSTON IL 60201

FEC ID number of contributing federal political committee.

C

 Name of Employer
 SOCIETY OF THORACIC SURGEONS

 Occupation
 ASSOCIATE EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 01 / 24 / 2016

Transaction ID : SA11AI.6687

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR. DAVID M. SHAHIAN

Mailing Address 31 CRESCENT LANE

 City State Zip Code
 SUDBURY MA 01776

FEC ID number of contributing federal political committee.

C

 Name of Employer
 MASSACHUSETTS GENERAL HOSPITAL

 Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2016

Transaction ID : SA11AI.6661

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1230.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 29
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. RAYMOND L. SINGER

Mailing Address 3531 STURBRIDGE PLACE

City State Zip Code
 ALLENTOWN PA 18104

FEC ID number of contributing
federal political committee.

C

Name of Employer
 LEHIGH VALLEY HEALTH NETWORK

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 29 / 2016

Transaction ID : SA11AI.6632

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DR. RUSSELL F. STAIR

Mailing Address 109 UPLAND TERRACE

City State Zip Code
 CLARKS SUMMIT PA 18411

FEC ID number of contributing
federal political committee.

C

Name of Employer
 GEISINGER HEALTH SYSTEM

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 26 / 2016

Transaction ID : SA11AI.6768

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DR. JESS L. THOMPSON

Mailing Address 14017 LOST CREEK DRIVE

City State Zip Code
 EDMOND OK 73013

FEC ID number of contributing
federal political committee.

C

Name of Employer
 UNIVERSITY OF OKLAHOMA

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 25 / 2016

Transaction ID : SA11AI.6664

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 29
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. SALIM M. WALJI

Mailing Address BOX 4488

City State Zip Code
 ALBUQUERQUE NM 87107

FEC ID number of contributing
federal political committee.

C

Name of Employer
 LOVELACE MEDICAL CENTER

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 24 / 2016

Transaction ID : SA11AI.6689

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR. ROBERT WELSH

Mailing Address 1160 LAKE ANGELUS SHORES

City State Zip Code
 LAKE ANGELUS MI 48326

FEC ID number of contributing
federal political committee.

C

Name of Employer
 BEAUMONT HEALTH

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 26 / 2016

Transaction ID : SA11AI.6772

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DR. RICHARD I. WHYTE

Mailing Address 5 LOEW CIRCLE

City State Zip Code
 MILTON MA 02186

FEC ID number of contributing
federal political committee.

C

Name of Employer
 BETH ISRAEL DEACONESS

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 25 / 2016

Transaction ID : SA11AI.6665

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1865.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 OF 29

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. DAVID WORMUTH

Mailing Address 6781 MOREHOUSE FLATS ROAD

City State Zip Code
 AMESVILLE NY 13078

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CNY THORACIC SURGERY

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 26 / 2016

Transaction ID : SA11AI.6702

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR. CAMERON D. WRIGHT

Mailing Address 734 EAST 8TH STREET

City State Zip Code
 SOUTH BOSTON MA 02127

FEC ID number of contributing
federal political committee.

C

Name of Employer
 MASSACHUSETTS GENERAL HOSPITAL

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 24 / 2016

Transaction ID : SA11AI.6690

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. ROBERT A. WYNBRANDT

Mailing Address 921 DRYDEN LANE

City State Zip Code
 HIGHLAND PARK IL 60035

FEC ID number of contributing
federal political committee.

C

Name of Employer
 SOCIETY OF THORACIC SURGEONS

Occupation
 EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 24 / 2016

Transaction ID : SA11AI.6691

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

39785.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City	State	Zip Code
PHOENIX	AZ	85072

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		05		2016

Transaction ID : SB21B.6620

Amount of Each Disbursement this Period

232.39

Full Name (Last, First, Middle Initial)

B. MERCHANT SERVICES

Mailing Address 7300 CHAPMAN HIGHWAY

City	State	Zip Code
KNOXVILLE	TN	37920

Purpose of Disbursement
CREDIT CARDS FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		11		2016

Transaction ID : SB21B.6706

Amount of Each Disbursement this Period

294.02

Full Name (Last, First, Middle Initial)

C. SQUARE

Mailing Address 1455 MARKET STREET

City	State	Zip Code
SAN FRANCISCO	CA	94103

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		25		2016

Transaction ID : SB21B.6751

Amount of Each Disbursement this Period

236.55

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

762.96

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. SQUARE

Mailing Address 1455 MARKET STREET

City	State	Zip Code
SAN FRANCISCO	CA	94103

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		26		2016

Transaction ID : SB21B.6750

Amount of Each Disbursement this Period

128.73

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

128.73

891.69

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 29

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BRADY FOR CONGRESS

Mailing Address P.O. BOX 8277

City	State	Zip Code
THE WOODLANDS	TX	77387

Purpose of Disbursement
CONTRIBUTION

Candidate Name

KEVIN BRADY

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: TX	District: 08

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		08		2016

Transaction ID : SB23.6622

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOE HECK

Mailing Address P.O. BOX 753908

City	State	Zip Code
LAS VEGAS	NV	89136

Purpose of Disbursement
CONTRIBUTION

Candidate Name

JOE HECK

Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
State: NV	District: 00

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		29		2016

Transaction ID : SB23.6741

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. GENE GREEN CONGRESSIONAL CAMPAIGN

Mailing Address P.O. BOX 16128

City	State	Zip Code
HOUSTON	TX	77222

Purpose of Disbursement
CONTRIBUTION

Candidate Name

RAYMOND E. 'GENE' GREEN

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: TX	District: 29

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		29		2016

Transaction ID : SB23.6737

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 29

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. KEVIN MCCARTHY FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		15		2016

Mailing Address P.O. BOX 12667

City	State	Zip Code
BAKERSFIELD	CA	93389

Transaction ID : SB23.6626Purpose of Disbursement
CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

KEVIN MCCARTHYCategory/
Type

2500.00

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: CA	District: 23

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. PORTMAN FOR SENATE COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		29		2016

Mailing Address 9856 ARCHER LANE

City	State	Zip Code
DUBLIN	OH	43017

Transaction ID : SB23.6744Purpose of Disbursement
CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

ROB PORTMANCategory/
Type

1000.00

Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
State: OH	District: 00

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. RYAN FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		08		2016

Mailing Address P.O. BOX 1488

City	State	Zip Code
JANESVILLE	WI	53547

Transaction ID : SB23.6623Purpose of Disbursement
CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

PAUL D. RYANCategory/
Type

2500.00

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: WI	District: 01

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

9000.00
